

Filed in U.S. Bankruptcy Court  
Atlanta, Georgia

Fill in this information to identify your case:

Debtor 1	Ferris	Carter	
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: _____ District of _____			
Case number (if known)	23-10612		

JUN 13 2023  
By: M. Regina Thomas, Clerk  
Deputy Clerk

Check if this is an amended filing

## Official Form 107

### Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Give Details About Your Marital Status and Where You Lived Before

##### 1. What is your current marital status?

Married  
 Not married

##### 2. During the last 3 years, have you lived anywhere other than where you live now?

No  
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:

Dates Debtor 1 Debtor 2:  
lived there

Dates Debtor 2  
lived there

Same as Debtor 1

Same as Debtor 1

Number Street

From \_\_\_\_\_  
To \_\_\_\_\_

Number Street

From \_\_\_\_\_  
To \_\_\_\_\_

City

State ZIP Code

City State ZIP Code

Same as Debtor 1

Number Street

From \_\_\_\_\_  
To \_\_\_\_\_

Number Street

From \_\_\_\_\_  
To \_\_\_\_\_

City

State ZIP Code

City State ZIP Code

##### 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No  
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

#### Part 2: Explain the Sources of Your Income

**Debtor 1** **Ferris** **Carter**  
First Name Middle Name Last Name

Case number (if known) 23-10612

Did you have any income from employment or from operating a business during this year or the two previous calendar years?

**Did you have any income from employment or from operating a business during this year?**  
Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.  
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

□ No

Yes. Fill in the details.

	<b>Debtor 1</b>	<b>Debtor 2</b>
<b>From January 1 of current year until the date you filed for bankruptcy:</b>	<b>Sources of income</b> Check all that apply.	<b>Sources of income</b> Check all that apply.
	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
	\$ <u>60,000.00</u>	\$ _____
<b>For last calendar year:</b>  (January 1 to December 31, 2022 YYYY)	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
	\$ <u>35,000.00</u>	\$ _____
<b>For the calendar year before that:</b>  (January 1 to December 31, 2021 YYYY)	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
	\$ <u>160,000.00</u>	\$ _____

5. Did you receive any other income during this year or the two previous calendar years?

**Did you receive any other income during the year?** Examples of *other income* are alimony; child support; Social Security, Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No

Yes. Fill in the details.

	<b>Debtor 1</b>	<b>Debtor 2</b>		
	<b>Sources of income Describe below.</b>	<b>Gross income from each source (before deductions and exclusions)</b>	<b>Sources of income Describe below.</b>	<b>Gross income from each source (before deductions and exclusions)</b>
<b>From January 1 of current year until the date you filed for bankruptcy:</b>	_____	\$ _____	_____	\$ _____
	_____	\$ _____	_____	\$ _____
	_____	\$ _____	_____	\$ _____
<b>For last calendar year:</b>  (January 1 to December 31, <u>2022</u> ) YYYY	_____	\$ _____	_____	\$ _____
	_____	\$ _____	_____	\$ _____
	_____	\$ _____	_____	\$ _____
<b>For the calendar year before that:</b>  (January 1 to December 31, <u>2021</u> ) YYYY	_____	\$ _____	_____	\$ _____
	_____	\$ _____	_____	\$ _____
	_____	\$ _____	_____	\$ _____

Debtor 1 Ferris Carter

Case number (if known) 23-10612

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**

**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575\* or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$7,575\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

		Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
Creditor's Name			\$	\$	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Number Street					
City	State	ZIP Code			
Creditor's Name			\$	\$	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Number Street					
City	State	ZIP Code			
Creditor's Name			\$	\$	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Number Street					
City	State	ZIP Code			

Debtor 1	Ferris	Carter	Case number (if known) <u>23-10612</u>
	First Name	Middle Name	Last Name

**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**  
 Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No

Yes. List all payments to an insider.

Insider's Name	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Number Street		\$ _____	\$ _____	
City State ZIP Code		\$ _____	\$ _____	
Insider's Name				
Number Street				
City State ZIP Code				

**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**  
 Include payments on debts guaranteed or cosigned by an insider.

No

Yes. List all payments that benefited an insider.

Insider's Name	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Number Street		\$ _____	\$ _____	
City State ZIP Code		\$ _____	\$ _____	
Insider's Name				
Number Street				
City State ZIP Code				

Debtor 1	Ferris	Carter	Case number (if known) <u>23-10612</u>
	First Name	Middle Name	Last Name

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures**

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No  
 Yes. Fill in the details.

Case title	Nature of the case	Court or agency	Status of the case
CCSD vs. Ferris Carter	I was falsely accused by Coweta County Sheriff Department and Duval Semi-Trailer. A law suite is pending on this matter	Coweta County Court Name Greenville St Number Street Newnan GA 30263 City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number			
Case title			
Case number			

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.

No. Go to line 11.  
 Yes. Fill in the information below.

Southern State Bank	Creditor's Name	Describe the property	Date	Value of the property
		8 Tractors / Repo twice Because of the false allegation	08/20/2002	\$ 200,000.00
Number Street		Explain what happened		
		<input checked="" type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.		
City	State ZIP Code	Describe the property	Date	Value of the property
Creditor's Name		Explain what happened		
Number Street		<input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.		
City	State ZIP Code			

Debtor 1	Ferris	Carter	Case number (if known) 23-10612		
	First Name	Middle Name	Last Name		
<p>11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Fill in the details.</p>					
	Southern State Bank		Describe the action the creditor took	Date action was taken	Amount
	Creditor's Name		Froze my Bank Account and held my funds that was been deposited		\$
	Number Street				
	City	State	ZIP Code	Last 4 digits of account number: XXXX-_____	
<p>12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>					
<p><b>Part 5: List Certain Gifts and Contributions</b></p>					
<p>13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?</p>					
	<input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes. Fill in the details for each gift.		
	Gifts with a total value of more than \$600 per person		Describe the gifts	Dates you gave the gifts	Value
	Person to Whom You Gave the Gift				\$
	Number Street				
	City	State	ZIP Code		
	Person's relationship to you				
	Gifts with a total value of more than \$600 per person		Describe the gifts	Dates you gave the gifts	Value
	Person to Whom You Gave the Gift				\$
	Number Street				
	City	State	ZIP Code		
	Person's relationship to you				

Debtor 1 **Ferris** **Carter** Case number (if known) **23-10612**

First Name Middle Name Last Name

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No  
 Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600

Describe what you contributed

Date you contributed

Value

Charity's Name

\_\_\_\_\_

\$ \_\_\_\_\_

Number Street

\_\_\_\_\_

\$ \_\_\_\_\_

City State ZIP Code

**Part 6: List Certain Losses**

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No  
 Yes. Fill in the details.

Describe the property you lost and how the loss occurred

Describe any insurance coverage for the loss

Date of your loss

Value of property lost

Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.

Computers, Air tools, parts off of my trucks

0.00

\$ 22,000.00

**Part 7: List Certain Payments or Transfers**

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No  
 Yes. Fill in the details.

Description and value of any property transferred

Date payment or transfer was made

Amount of payment

Person Who Was Paid

\_\_\_\_\_

\$ \_\_\_\_\_

Number Street

\_\_\_\_\_

\$ \_\_\_\_\_

City State ZIP Code

Email or website address

Person Who Made the Payment, If Not You

Debtor 1	Ferris	Carter	Case number (if known) <u>23-10612</u>
	First Name	Middle Name	Last Name

Description and value of any property transferred			Date payment or transfer was made	Amount of payment
Person Who Was Paid				\$ _____
Number Street				\$ _____
City	State	ZIP Code		
Email or website address				
Person Who Made the Payment, if Not You				

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

No  
 Yes. Fill in the details.

Description and value of any property transferred			Date payment or transfer was made	Amount of payment
Person Who Was Paid				\$ _____
Number Street				\$ _____
City	State	ZIP Code		

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).

Do not include gifts and transfers that you have already listed on this statement.

No  
 Yes. Fill in the details.

Description and value of property transferred			Describe any property or payments received or debts paid in exchange	Date transfer was made
Person Who Received Transfer				
Number Street				
City	State	ZIP Code		
Person's relationship to you _____				
Person Who Received Transfer				
Number Street				
City	State	ZIP Code		
Person's relationship to you _____				

Debtor 1	Ferris	Carter	Case number (if known) <u>23-10612</u>															
	First Name	Middle Name	Last Name															
<p>19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Fill in the details.</p>																		
<table border="1"> <thead> <tr> <th colspan="2">Description and value of the property transferred</th> <th>Date transfer was made</th> </tr> </thead> <tbody> <tr> <td colspan="2">Name of trust</td> <td>_____</td> </tr> <tr> <td colspan="2">_____</td> <td>_____</td> </tr> <tr> <td colspan="2">_____</td> <td>_____</td> </tr> </tbody> </table>			Description and value of the property transferred		Date transfer was made	Name of trust		_____	_____		_____	_____		_____				
Description and value of the property transferred		Date transfer was made																
Name of trust		_____																
_____		_____																
_____		_____																
<p><b>Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units</b></p> <p>20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Fill in the details.</p>																		
<table border="1"> <thead> <tr> <th>Name of Financial Institution</th> <th>Last 4 digits of account number</th> <th>Type of account or instrument</th> <th>Date account was closed, sold, moved, or transferred</th> <th>Last balance before closing or transfer</th> </tr> </thead> <tbody> <tr> <td>Trusit Bank</td> <td>XXXX-_____</td> <td> <input checked="" type="checkbox"/> Checking  <input checked="" type="checkbox"/> Savings  <input type="checkbox"/> Money market  <input type="checkbox"/> Brokerage  <input type="checkbox"/> Other _____         </td> <td>_____</td> <td>\$ <u>18,000.00</u></td> </tr> <tr> <td>Southern State Bank</td> <td>XXXX-_____</td> <td> <input checked="" type="checkbox"/> Checking  <input checked="" type="checkbox"/> Savings  <input type="checkbox"/> Money market  <input type="checkbox"/> Brokerage  <input type="checkbox"/> Other _____         </td> <td>_____</td> <td>\$ <u>12,000.00</u></td> </tr> </tbody> </table>				Name of Financial Institution	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer	Trusit Bank	XXXX-_____	<input checked="" type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ <u>18,000.00</u>	Southern State Bank	XXXX-_____	<input checked="" type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ <u>12,000.00</u>
Name of Financial Institution	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer														
Trusit Bank	XXXX-_____	<input checked="" type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ <u>18,000.00</u>														
Southern State Bank	XXXX-_____	<input checked="" type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ <u>12,000.00</u>														
<p>21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Fill in the details.</p>																		
<table border="1"> <thead> <tr> <th>Name of Financial Institution</th> <th>Name</th> <th>Who else had access to it?</th> <th>Describe the contents</th> <th>Do you still have it?</th> </tr> </thead> <tbody> <tr> <td>Number Street</td> <td>Number Street</td> <td>_____</td> <td>_____</td> <td> <input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes         </td> </tr> <tr> <td>City</td> <td>State ZIP Code</td> <td>_____</td> <td>_____</td> <td></td> </tr> </tbody> </table>				Name of Financial Institution	Name	Who else had access to it?	Describe the contents	Do you still have it?	Number Street	Number Street	_____	_____	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	City	State ZIP Code	_____	_____	
Name of Financial Institution	Name	Who else had access to it?	Describe the contents	Do you still have it?														
Number Street	Number Street	_____	_____	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes														
City	State ZIP Code	_____	_____															

Debtor 1	Ferris	Carter	Case number (if known) <u>23-10612</u>
	First Name	Middle Name	Last Name

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No  
 Yes. Fill in the details.

	Who else has or had access to it?	Describe the contents	Do you still have it?
Name of Storage Facility	Name		<input type="checkbox"/> No <input type="checkbox"/> Yes
Number Street	Number Street		
	City State ZIP Code		
City	State ZIP Code		

#### Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No  
 Yes. Fill in the details.

	Where is the property?	Describe the property	Value
Owner's Name			\$ _____
Number Street	Number Street		
City	State ZIP Code		

#### Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

No  
 Yes. Fill in the details.

	Governmental unit	Environmental law, if you know it	Date of notice
Name of site	Governmental unit		_____
Number Street	Number Street		
	City State ZIP Code		
City	State ZIP Code		



Debtor 1	Ferris		Carter	Case number (if known) <u>23-10612</u>
	First Name	Middle Name	Last Name	
	Describe the nature of the business			Employer Identification number Do not include Social Security number or ITIN.
	Business Name			
	Number Street	Name of accountant or bookkeeper		
	City	State	ZIP Code	EIN: _____ Dates business existed From _____ To _____
28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill in the details below.			
	Date Issued			
Name	MM / DD / YYYY			
Number Street				
City	State	ZIP Code		
<b>Part 12: Sign Below</b>				
I have read the answers on this <i>Statement of Financial Affairs</i> and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.				
<b>X</b> <u>FERRIS CARTER</u>	<b>X</b> _____ Signature of Debtor 1			
Date <u>06/13/2023</u>	Signature of Debtor 2			
Date _____				
Did you attach additional pages to <i>Your Statement of Financial Affairs for Individuals Filing for Bankruptcy</i> (Official Form 107)?				
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes				
Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Name of person _____	Attach the <i>Bankruptcy Petition Preparer's Notice, Declaration, and Signature</i> (Official Form 119).			
Official Form 107	Statement of Financial Affairs for Individuals Filing for Bankruptcy			
	page 12			

Fill in this information to identify your case:

Debtor 1	FERRIS		CARTER	
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the: Northern District of Georgia				
Case number (If known)	23-10612			

Check if this is an amended filing

## Official Form 106C

### Schedule C: The Property You Claim as Exempt

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption.	
Brief description:	\$ _____	<input type="checkbox"/> \$ _____	
Line from <i>Schedule A/B</i> :		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description:	\$ _____	<input type="checkbox"/> \$ _____	
Line from <i>Schedule A/B</i> :		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description:	\$ _____	<input type="checkbox"/> \$ _____	
Line from <i>Schedule A/B</i> :		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____

3. Are you claiming a homestead exemption of more than \$189,050?

(Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.)

No  
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  
 No  
 Yes

Debtor 1 FERRIS CARTER

Case number (if known) 23-10612

**Part 2: Additional Page****Brief description of the property and line on Schedule A/B that lists this property****Current value of the portion you own****Amount of the exemption you claim****Specific laws that allow exemption**

Copy the value from Schedule A/B

Check only one box for each exemption

Brief description: \_\_\_\_\_ \$ \_\_\_\_\_

 \$ \_\_\_\_\_ 100% of fair market value, up to any applicable statutory limit

Line from Schedule A/B: \_\_\_\_\_

Brief description: \_\_\_\_\_ \$ \_\_\_\_\_

 \$ \_\_\_\_\_ 100% of fair market value, up to any applicable statutory limit

Line from Schedule A/B: \_\_\_\_\_

Brief description: \_\_\_\_\_ \$ \_\_\_\_\_

 \$ \_\_\_\_\_ 100% of fair market value, up to any applicable statutory limit

Line from Schedule A/B: \_\_\_\_\_

Brief description: \_\_\_\_\_ \$ \_\_\_\_\_

 \$ \_\_\_\_\_ 100% of fair market value, up to any applicable statutory limit

Line from Schedule A/B: \_\_\_\_\_

Brief description: \_\_\_\_\_ \$ \_\_\_\_\_

 \$ \_\_\_\_\_ 100% of fair market value, up to any applicable statutory limit

Line from Schedule A/B: \_\_\_\_\_

Brief description: \_\_\_\_\_ \$ \_\_\_\_\_

 \$ \_\_\_\_\_ 100% of fair market value, up to any applicable statutory limit

Line from Schedule A/B: \_\_\_\_\_

Brief description: \_\_\_\_\_ \$ \_\_\_\_\_

 \$ \_\_\_\_\_ 100% of fair market value, up to any applicable statutory limit

Line from Schedule A/B: \_\_\_\_\_

Brief description: \_\_\_\_\_ \$ \_\_\_\_\_

 \$ \_\_\_\_\_ 100% of fair market value, up to any applicable statutory limit

Line from Schedule A/B: \_\_\_\_\_

Brief description: \_\_\_\_\_ \$ \_\_\_\_\_

 \$ \_\_\_\_\_ 100% of fair market value, up to any applicable statutory limit

Line from Schedule A/B: \_\_\_\_\_

Brief description: \_\_\_\_\_ \$ \_\_\_\_\_

 \$ \_\_\_\_\_ 100% of fair market value, up to any applicable statutory limit

Line from Schedule A/B: \_\_\_\_\_

Brief description: \_\_\_\_\_ \$ \_\_\_\_\_

 \$ \_\_\_\_\_ 100% of fair market value, up to any applicable statutory limit

Line from Schedule A/B: \_\_\_\_\_

Brief description: \_\_\_\_\_ \$ \_\_\_\_\_

 \$ \_\_\_\_\_ 100% of fair market value, up to any applicable statutory limit

Line from Schedule A/B: \_\_\_\_\_

Brief description: \_\_\_\_\_ \$ \_\_\_\_\_

 \$ \_\_\_\_\_ 100% of fair market value, up to any applicable statutory limit

Line from Schedule A/B: \_\_\_\_\_

Brief description: \_\_\_\_\_ \$ \_\_\_\_\_

 \$ \_\_\_\_\_ 100% of fair market value, up to any applicable statutory limit

Line from Schedule A/B: \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	FERRIS		CARTER	
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court or the: Northern District of Georgia				
Case number (if known)				

Check if this is an amended filing

## Official Form 106D

### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

#### Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion if any
\$ _____	\$ _____	\$ _____

2.1

Describe the property that secures the claim:

Creditor's Name		
Number	Street	
City	State	ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Describe the property that secures the claim:

\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____

2.2

Creditor's Name		
Number	Street	
City	State	ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Add the dollar value of your entries in Column A on this page. Write that number here: \$ \_\_\_\_\_

Debtor 1

FERRIS

First Name

Middle Name

Last Name

CARTER

Case number (if known)

**Part 1:**

**Additional Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

**Column A**  
Amount of claim  
Do not deduct the value of collateral.

**Column B**  
Value of collateral that supports this claim

**Column C**  
Unsecured portion if any

Describe the property that secures the claim:

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Creditor's Name

Number Street

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Describe the property that secures the claim:

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Creditor's Name

Number Street

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Describe the property that secures the claim:

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Creditor's Name

Number Street

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Add the dollar value of your entries in Column A on this page. Write that number here: \$ \_\_\_\_\_

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here: \$ \_\_\_\_\_

Debtor 1	FERRIS	CARTER	Case number (if known) _____
	First Name	Middle Name	Last Name
<b>Part 2: List Others to Be Notified for a Debt That You Already Listed</b>			
Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.			
<input type="checkbox"/>		On which line in Part 1 did you enter the creditor? _____	
Name _____		Last 4 digits of account number _____	
Number Street _____			
City _____		State _____	ZIP Code _____
<input type="checkbox"/>		On which line in Part 1 did you enter the creditor? _____	
Name _____		Last 4 digits of account number _____	
Number Street _____			
City _____		State _____	ZIP Code _____
<input type="checkbox"/>		On which line in Part 1 did you enter the creditor? _____	
Name _____		Last 4 digits of account number _____	
Number Street _____			
City _____		State _____	ZIP Code _____
<input type="checkbox"/>		On which line in Part 1 did you enter the creditor? _____	
Name _____		Last 4 digits of account number _____	
Number Street _____			
City _____		State _____	ZIP Code _____
<input type="checkbox"/>		On which line in Part 1 did you enter the creditor? _____	
Name _____		Last 4 digits of account number _____	
Number Street _____			
City _____		State _____	ZIP Code _____
<input type="checkbox"/>		On which line in Part 1 did you enter the creditor? _____	
Name _____		Last 4 digits of account number _____	
Number Street _____			
City _____		State _____	ZIP Code _____

Fill in this information to identify your case:

Debtor 1	FERRIS	CARTER	
First Name	Middle Name	Last Name	
Debtor 2	(Spouse, if filing) First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Northern District of Georgia			
Case number (if known)			

Check if this is an amended filing

## Official Form 106E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.  
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total claim	Priority amount	Nonpriority amount
-------------	-----------------	--------------------

2.1

Priority Creditor's Name

Last 4 digits of account number \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Number Street

When was the debt incurred? \_\_\_\_\_

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

#### Type of PRIORITY unsecured claim:

Domestic support obligations  
 Taxes and certain other debts you owe the government  
 Claims for death or personal injury while you were intoxicated  
 Other. Specify \_\_\_\_\_

2.2

Priority Creditor's Name

Last 4 digits of account number \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Number Street

When was the debt incurred? \_\_\_\_\_

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

#### Type of PRIORITY unsecured claim:

Domestic support obligations  
 Taxes and certain other debts you owe the government  
 Claims for death or personal injury while you were intoxicated  
 Other. Specify \_\_\_\_\_

Debtor 1 **FERRIS** **CARTER** Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

**Part 1: Your PRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim	Priority amount	Nonpriority amount
-------------	-----------------	--------------------

Priority Creditor's Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of PRIORITY unsecured claim:

- Domestic support obligations
- Taxes and certain other debts you owe the government
- Claims for death or personal injury while you were intoxicated
- Other. Specify \_\_\_\_\_

Priority Creditor's Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of PRIORITY unsecured claim:

- Domestic support obligations
- Taxes and certain other debts you owe the government
- Claims for death or personal injury while you were intoxicated
- Other. Specify \_\_\_\_\_

Priority Creditor's Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of PRIORITY unsecured claim:

- Domestic support obligations
- Taxes and certain other debts you owe the government
- Claims for death or personal injury while you were intoxicated
- Other. Specify \_\_\_\_\_

Debtor 1

FERRIS

First Name

Middle Name

Last Name

CARTER

Case number (if known) \_\_\_\_\_

Part 2:

List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim \_\_\_\_\_

4.1

Nonpriority Creditor's Name

Last 4 digits of account number \_\_\_\_\_

\$ \_\_\_\_\_

Number Street

When was the debt incurred? \_\_\_\_\_

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify \_\_\_\_\_

4.2

Nonpriority Creditor's Name

Last 4 digits of account number \_\_\_\_\_

\$ \_\_\_\_\_

Number Street

When was the debt incurred? \_\_\_\_\_

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify \_\_\_\_\_

4.3

Nonpriority Creditor's Name

Last 4 digits of account number \_\_\_\_\_

\$ \_\_\_\_\_

Number Street

When was the debt incurred? \_\_\_\_\_

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify \_\_\_\_\_

Debtor 1 **FERRIS** **CARTER**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

Total claim \_\_\_\_\_

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Nonpriority Creditor's Name	Number Street	City State ZIP Code
-----------------------------	---------------	---------------------

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number \_\_\_\_\_

\$ \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify \_\_\_\_\_

Nonpriority Creditor's Name	Number Street	City State ZIP Code
-----------------------------	---------------	---------------------

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number \_\_\_\_\_

\$ \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify \_\_\_\_\_

Nonpriority Creditor's Name	Number Street	City State ZIP Code
-----------------------------	---------------	---------------------

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number \_\_\_\_\_

\$ \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify \_\_\_\_\_

Debtor 1 **FERRIS**  
First Name Middle Name Last Name

**CARTER**

Case number (if known) \_\_\_\_\_

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

On which entry in Part 1 or Part 2 did you list the original creditor?

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Line \_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Line \_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Line \_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Line \_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Line \_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Line \_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Line \_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number \_\_\_\_\_

Debtor 1 **FERRIS** **CARTER**  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.  
Add the amounts for each type of unsecured claim.

		<b>Total claim</b>
<b>Total claims from Part 1</b>	6a. Domestic support obligations	6a. \$ _____
	6b. Taxes and certain other debts you owe the government	6b. \$ _____
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ _____
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + \$ _____
6e. Total. Add lines 6a through 6d.	6e. \$ _____	
 		<b>Total claim</b>
<b>Total claims from Part 2</b>	6f. Student loans	6f. \$ _____
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ _____
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ _____
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + \$ _____
	6j. Total. Add lines 6f through 6i.	6j. \$ _____

Fill in this information to identify your case:

Debtor	First Name	Middle Name	Last Name
Debtor 2 (Spouse if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: _____ District of: _____			
Case number (If known) _____			

Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

LEASE OF 22 SARATOGA PLACE NEWNAN GA 30263

2.1 PROGRESS RESIDENTIAL

Name

Number Street

City State ZIP Code

2.2

Name

Number Street

City State ZIP Code

2.3

Name

Number Street

City State ZIP Code

2.4

Name

Number Street

City State ZIP Code

2.5

Name

Number Street

City State ZIP Code

Debtor 1

First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Additional Page if You Have More Contracts or Leases**

Person or company with whom you have the contract or lease

What the contract or lease is for

2.1

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

2.2

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

2.3

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

2.4

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

2.5

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

2.6

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

2.7

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

2.8

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	FERRIS	CARTER		
	First Name	Middle Name	Last Name	
Debtor 2	(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the Northern District of Georgia				
Case number	23-10612			
(If known)				

Check if this is an amended filing

## Official Form 106H

### Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)  
 No  
 Yes
2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)  
 No. Go to line 3.  
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?  
 No  
 Yes. In which community state or territory did you live? \_\_\_\_\_ . Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent

Number Street

City State ZIP Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

#### Column 1: Your codebtor

#### Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Schedule D, line \_\_\_\_\_  
 Schedule E/F, line \_\_\_\_\_  
 Schedule G, line \_\_\_\_\_

3.1 Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

3.2 Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

Schedule D, line \_\_\_\_\_  
 Schedule E/F, line \_\_\_\_\_  
 Schedule G, line \_\_\_\_\_

3.3 Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

Schedule D, line \_\_\_\_\_  
 Schedule E/F, line \_\_\_\_\_  
 Schedule G, line \_\_\_\_\_

Debtor 1 FERRIS CARTER

First Name Middle Name Last Name

Case number (if known) 23-10612

**Additional Page to List More Codebtors**

**Column 1: Your codebtor**

3.

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

3.

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

3.

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

3.

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

3.

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

3.

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

3.

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

3.

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

Schedule D, line \_\_\_\_\_

Schedule E/F, line \_\_\_\_\_

Schedule G, line \_\_\_\_\_

Schedule D, line \_\_\_\_\_

Schedule E/F, line \_\_\_\_\_

Schedule G, line \_\_\_\_\_

Schedule D, line \_\_\_\_\_

Schedule E/F, line \_\_\_\_\_

Schedule G, line \_\_\_\_\_

Schedule D, line \_\_\_\_\_

Schedule E/F, line \_\_\_\_\_

Schedule G, line \_\_\_\_\_

Schedule D, line \_\_\_\_\_

Schedule E/F, line \_\_\_\_\_

Schedule G, line \_\_\_\_\_

Schedule D, line \_\_\_\_\_

Schedule E/F, line \_\_\_\_\_

Schedule G, line \_\_\_\_\_

Schedule D, line \_\_\_\_\_

Schedule E/F, line \_\_\_\_\_

Schedule G, line \_\_\_\_\_

Schedule D, line \_\_\_\_\_

Schedule E/F, line \_\_\_\_\_

Schedule G, line \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	FERRIS		CARTER	
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the: Northern District of Georgia				
Case number (if known)				

Check if this is:

An amended filing  
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

## Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Describe Employment

#### 1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Debtor 1

Debtor 2 or non-filing spouse

Employed  
 Not employed

Employed  
 Not employed

Occupation

MEMBER MANAGER

Employer's name

CARTER LOGISTICS LLC

Employer's address

22 SARATOGA PL

Number Street

Number Street

NEWNAN GA 30265

City State ZIP Code

City State ZIP Code

How long employed there? 12 YEARS

12 YEARS

### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.
3. Estimate and list monthly overtime pay.
4. Calculate gross income. Add line 2 + line 3.

For Debtor 1

For Debtor 2 or  
non-filing spouse

2. \$ 8,000.00

\$ \_\_\_\_\_

3. + \$ 0.00

+ \$ \_\_\_\_\_

4. \$ 8,000.00

\$ \_\_\_\_\_

Debtor 1	FERRIS	CARTER	Case number (if known) _____
	First Name	Middle Name	Last Name

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here.....	→ 4. \$ 8,000.00	\$ _____
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 0.00	\$ _____
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ _____
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ _____
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ _____
5e. Insurance	5e. \$ 75.00	\$ _____
5f. Domestic support obligations	5f. \$ 0.00	\$ _____
5g. Union dues	5g. \$ 0.00	\$ _____
5h. Other deductions. Specify: _____	5h. + \$ 5,000.00	+ \$ _____
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ 5,075.00	\$ _____
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 3,000.00	\$ _____
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm		
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ _____	\$ _____
8b. Interest and dividends	8b. \$ _____	\$ _____
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive		
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ _____	\$ _____
8d. Unemployment compensation	8d. \$ _____	\$ _____
8e. Social Security	8e. \$ _____	\$ _____
8f. Other government assistance that you regularly receive		
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.		
Specify: _____	8f. \$ _____	\$ _____
8g. Pension or retirement income	8g. \$ _____	\$ _____
8h. Other monthly income. Specify: _____	8h. + \$ _____	+ \$ _____
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ _____	\$ _____
10. Calculate monthly income. Add line 7 + line 9.		
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ _____	+ \$ _____ = \$ _____
11. State all other regular contributions to the expenses that you list in Schedule J.		
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.		
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.		
Specify: _____	11. + \$ _____	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.		
Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies	12. \$ _____	
13. Do you expect an increase or decrease within the year after you file this form?		
<input type="checkbox"/> No.		
<input checked="" type="checkbox"/> Yes. Explain: <b>LAW SUITE AND HOPEFULLY BUSINESS WILL SHOW INCREASE IN REVENUE ONCE MY NAME IS CLEARED</b>		

Fill in this information to identify your case:

Debtor 1	FERRIS		CARTER
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Northern District of Georgia			
Case number (If known)		▼	

Check if this is:

An amended filing  
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.  
 Yes. Does Debtor 2 live in a separate household?  
 No  
 Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

<input type="checkbox"/> No	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
<input checked="" type="checkbox"/> Yes. Fill out this information for each dependent.....	CALEB F CARTER	18	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

No  
 Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

If not included in line 4:

4a. Real estate taxes  
4b. Property, homeowner's, or renter's insurance  
4c. Home maintenance, repair, and upkeep expenses  
4d. Homeowner's association or condominium dues

Your expenses

4.	\$ 1,700.00
4a.	\$ _____
4b.	\$ _____
4c.	\$ _____
4d.	\$ _____

Debtor 1 **FERRIS**  
 First Name Middle Name Last Name

**CARTER**

Case number (if known) \_\_\_\_\_

		<b>Your expenses</b>
5.	<b>Additional mortgage payments for your residence, such as home equity loans</b>	5. \$ _____
6.	<b>Utilities:</b>	
6a.	Electricity, heat, natural gas	6a. \$ 245.00
6b.	Water, sewer, garbage collection	6b. \$ _____
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c. \$ 265.00
6d.	Other. Specify: _____	6d. \$ 0.00
7.	<b>Food and housekeeping supplies</b>	7. \$ 260.00
8.	<b>Childcare and children's education costs</b>	8. \$ 80.00
9.	<b>Clothing, laundry, and dry cleaning</b>	9. \$ 0.00
10.	<b>Personal care products and services</b>	10. \$ 200.00
11.	<b>Medical and dental expenses</b>	11. \$ 0.00
12.	<b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ 300.00
13.	<b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$ 0.00
14.	<b>Charitable contributions and religious donations</b>	14. \$ 0.00
15.	<b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a.	Life insurance	15a. \$ 75.00
15b.	Health insurance	15b. \$ _____
15c.	Vehicle insurance	15c. \$ 840.00
15d.	Other insurance. Specify: _____	15d. \$ _____
16.	<b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ _____
17.	<b>Installment or lease payments:</b>	
17a.	Car payments for Vehicle 1	17a. \$ 940.00
17b.	Car payments for Vehicle 2	17b. \$ _____
17c.	Other. Specify: _____	17c. \$ _____
17d.	Other. Specify: _____	17d. \$ _____
18.	<b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	18. \$ _____
19.	<b>Other payments you make to support others who do not live with you.</b> Specify: _____	19. \$ _____
20.	<b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>	
20a.	Mortgages on other property	20a. \$ _____
20b.	Real estate taxes	20b. \$ _____
20c.	Property, homeowner's, or renter's insurance	20c. \$ _____
20d.	Maintenance, repair, and upkeep expenses	20d. \$ _____
20e.	Homeowner's association or condominium dues	20e. \$ _____

Debtor 1 **FERRIS** **CARTER** Case number (*if known*) \_\_\_\_\_

21. Other. Specify: \_\_\_\_\_ 21. +\$ \_\_\_\_\_

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. \$ \_\_\_\_\_

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$ \_\_\_\_\_

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$ \_\_\_\_\_

23. Calculate your monthly net income.

23a. Copy line 12 (*your combined monthly income*) from Schedule I.

23a. \$ \_\_\_\_\_

23b. Copy your monthly expenses from line 22c above.

23b. -\$ \_\_\_\_\_

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23c. \$ \_\_\_\_\_

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Explain here ONCE THE LAWSUITE IS FILE IT SHOULD CLEAR MY NAME AND CREDITABILITY TO ALLOW ME WORK WITH MY CUSTOMERS AGAIN

<b>Fill in this information to identify your case:</b>			
<b>Debtor 1</b>	<b>FERRIS</b>	<b>CARTER</b>	
	First Name	Middle Name	Last Name
<b>Debtor 2</b> (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Northern District of Georgia			
<b>Case number</b>	<u>23-10612</u>		
	(If known)		

Check if this is an amended filing

Official Form 106Sum

## **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

## Part 1: Summarize Your Assets

## Your assets

### Value of what you own

1. *Schedule A/B: Property* (Official Form 106A/B)  
1a. Copy line 55, Total real estate, from *Schedule A/B* ..... \$ 0.00  
1b. Copy line 62, Total personal property, from *Schedule A/B* ..... \$ 0.00  
1c. Copy line 63, Total of all property on *Schedule A/B* ..... \$ 0.00

## **Part 2: Summarize Your Liabilities**

## Your liabilities

**Amount you owe**

2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D)  
 2a. Copy the total you listed in Column A, *Amount of claim*, at the bottom of the last page of Part 1 of *Schedule D* ..... \$ 0.00

3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)  
 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of *Schedule E/F* ..... \$ 0.00  
 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of *Schedule E/F* ..... + \$ 0.00

Your total liabilities \$ 0.00

### Part 3: Summarize Your Income and Expenses

4. **Schedule I: Your Income** (Official Form 106I)  
Copy your combined monthly income from line 12 of *Schedule I* ..... \$ \_\_\_\_\_

5. **Schedule J: Your Expenses** (Official Form 106J)  
Copy your monthly expenses from line 22c of *Schedule J* ..... \$ \_\_\_\_\_

Debtor 1 **FERRIS**  
First Name Middle Name Last Name **CARTER**  
Case number (if known) 23-10612

**Part 4: Answer These Questions for Administrative and Statistical Records**

**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  
 Yes

**7. What kind of debt do you have?**

**Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.  
 **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ \_\_\_\_\_

**9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

**Total claim**

**From Part 4 on Schedule E/F, copy the following:**

9a. Domestic support obligations (Copy line 6a.) \$ \_\_\_\_\_

9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$ \_\_\_\_\_

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$ \_\_\_\_\_

9d. Student loans. (Copy line 6f.) \$ \_\_\_\_\_

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$ \_\_\_\_\_

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) + \$ \_\_\_\_\_

9g. **Total.** Add lines 9a through 9f. \$ \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	FERRIS		CARTER
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Northern District of Georgia			
Case number 23-10612 (If known)			

Check if this is an amended filing

Official Form 106Dec

## Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_, Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

 FERRIS CARTER

Signature of Debtor 1

Date 06/13/2023  
MM / DD / YYYY



Signature of Debtor 2

Date \_\_\_\_\_  
MM / DD / YYYY

Fill in this information to identify your case:		
Debtor 1	FERRIS	
First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)		
First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Northern District of Georgia		
Case number (If known)	23-10612	

Check as directed in lines 17 and 21:

According to the calculations required by this Statement:

- 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
- 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
- 3. The commitment period is 3 years.
- 4. The commitment period is 5 years.

Check if this is an amended filing

Official Form 122C-1

## Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

### Part 1: Calculate Your Average Monthly Income

1. What is your marital and filing status? Check one only.

Not married. Fill out Column A, lines 2-11.

Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

Column A Debtor 1	Column B Debtor 2 or non-filing spouse
----------------------	----------------------------------------------

2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).

\$ \_\_\_\_\_

\$ \_\_\_\_\_

3. Alimony and maintenance payments. Do not include payments from a spouse.

\$ \_\_\_\_\_

\$ \_\_\_\_\_

4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3.

\$ \_\_\_\_\_

\$ \_\_\_\_\_

5. Net income from operating a business, profession, or farm

Debtor 1      Debtor 2

\$ \_\_\_\_\_      \$ \_\_\_\_\_

Gross receipts (before all deductions)

\$ \_\_\_\_\_

Ordinary and necessary operating expenses

\$ \_\_\_\_\_

-\$ \_\_\_\_\_

Net monthly income from a business, profession, or farm

\$ \_\_\_\_\_

Copy  
here→

\$ \_\_\_\_\_

\$ \_\_\_\_\_

6. Net income from rental and other real property

Debtor 1      Debtor 2

\$ \_\_\_\_\_      \$ \_\_\_\_\_

Gross receipts (before all deductions)

\$ \_\_\_\_\_

Ordinary and necessary operating expenses

\$ \_\_\_\_\_

-\$ \_\_\_\_\_

Net monthly income from rental or other real property

\$ \_\_\_\_\_

Copy  
here→

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Debtor 1	FERRIS	CARTER	Case number (if known) <u>23-10612</u>																																																																																											
	First Name	Middle Name	Last Name																																																																																											
<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;"><i>Column A</i> Debtor 1</th> <th style="text-align: center;"><i>Column B</i> Debtor 2 or non-filing spouse</th> </tr> </thead> <tbody> <tr> <td>7. Interest, dividends, and royalties</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>8. Unemployment compensation</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td colspan="3">Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: <span style="float: right;">↓</span></td> </tr> <tr> <td>For you .....</td> <td style="text-align: right;">\$ _____</td> <td></td> </tr> <tr> <td>For your spouse .....</td> <td style="text-align: right;">\$ _____</td> <td></td> </tr> <tr> <td>9. Pension or retirement income. 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Debtor 1	FERRIS	CARTER	Case number (if known) <u>23-10612</u>
	First Name	Middle Name	Last Name

**15. Calculate your current monthly income for the year. Follow these steps:**

15a. Copy line 14 here  \$

Multiply line 15a by 12 (the number of months in a year).

**x 12**

15b. The result is your current monthly income for the year for this part of the form.  \$

**16. Calculate the median family income that applies to you. Follow these steps:**

16a. Fill in the state in which you live.

16b. Fill in the number of people in your household.

16c. Fill in the median family income for your state and size of household.  \$

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

**17. How do the lines compare?**

17a.  Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, *Disposable income is not determined under 11 U.S.C. § 1325(b)(3)*. Go to Part 3. Do NOT fill out *Calculation of Your Disposable Income* (Official Form 122C-2).

17b.  Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3)*. Go to Part 3 and fill out *Calculation of Your Disposable Income* (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above.

**Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)**

18. Copy your total average monthly income from line 11.  \$

19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.

19a. If the marital adjustment does not apply, fill in 0 on line 19a.  \$

19b. Subtract line 19a from line 18.  \$

**20. Calculate your current monthly income for the year. Follow these steps:**

20a. Copy line 19b.  \$

Multiply by 12 (the number of months in a year).

**x 12**

20b. The result is your current monthly income for the year for this part of the form.  \$

20c. Copy the median family income for your state and size of household from line 16c.  \$

**21. How do the lines compare?**

Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years*. Go to Part 4.

Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years*. Go to Part 4.

Debtor 1	FERRIS	CARTER	Case number (if known) 23-10612
	First Name	Middle Name	Last Name

**Part 4: Sign Below**

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

**X** FERRIS CARTER

Signature of Debtor 1

Date 06/13/2023

MM / DD / YYYY

**X**

Signature of Debtor 2

Date

MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Fill in this information to identify your case:

Debtor 1	FERRIS		CARTER	
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the: Northern District of Georgia				<input checked="" type="checkbox"/>
Case number (if known)	23-10612			

Check if this is an amended filing

## Official Form 122C-2

### Chapter 13 Calculation of Your Disposable Income

04/22

To fill out this form, you will need your completed copy of *Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period* (Official Form 122C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

#### Part 1: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate Instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 122C-1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122C-1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

National Standards

You must use the IRS National Standards to answer the questions in lines 6-7.

6. Food, clothing, and other items: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$

7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories—people who are under 65 and people who are 65 or older—because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

Debtor 1	FERRIS	CARTE	Case number (if known) <u>23-10612</u>
First Name	Middle Name	Last Name	

**People who are under 65 years of age**

7a. Out-of-pocket health care allowance per person \$ \_\_\_\_\_

7b. Number of people who are under 65 X \_\_\_\_\_

7c. Subtotal. Multiply line 7a by line 7b. \$ \_\_\_\_\_ Copy here ➔ \$ \_\_\_\_\_

**People who are 65 years of age or older**

7d. Out-of-pocket health care allowance per person \$ \_\_\_\_\_

7e. Number of people who are 65 or older X \_\_\_\_\_

7f. Subtotal. Multiply line 7d by line 7e. \$ \_\_\_\_\_ Copy here ➔ + \$ \_\_\_\_\_

7g. Total. Add lines 7c and 7f. \$ \_\_\_\_\_ Copy here ➔ ..... \$ \_\_\_\_\_

**Local Standards** You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

■ Housing and utilities – Insurance and operating expenses  
 ■ Housing and utilities – Mortgage or rent expenses

To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

8. Housing and utilities – Insurance and operating expenses: Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. \$ \_\_\_\_\_

9. Housing and utilities – Mortgage or rent expenses:

9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses. \$ \_\_\_\_\_

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60.

Name of the creditor	Average monthly payment
_____	\$ _____
_____	\$ _____
_____	+ \$ _____
9b. Total average monthly payment <span style="border: 1px solid black; padding: 2px;">\$ _____</span>	<span style="margin-left: 20px;">Copy here ➔</span> <span style="margin-left: 20px;">-\$ _____</span> Repeat this amount on line 33a.

9c. Net mortgage or rent expense.

Subtract line 9b (total average monthly payment) from line 9a (mortgage or rent expense). If this number is less than \$0, enter \$0. \$ \_\_\_\_\_ Copy here ➔ ..... \$ \_\_\_\_\_

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim. \$ \_\_\_\_\_

Explain why: \_\_\_\_\_

Debtor 1	FERRIS	CARTER	Case number (if known) 23-10612										
	First Name Middle Name	Last Name											
<p><b>11. Local transportation expenses:</b> Check the number of vehicles for which you claim an ownership or operating expense.</p> <p><input type="checkbox"/> 0. Go to line 14.</p> <p><input type="checkbox"/> 1. Go to line 12.</p> <p><input type="checkbox"/> 2 or more. Go to line 12.</p>													
<p><b>12. Vehicle operation expense:</b> Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the <i>Operating Costs</i> that apply for your Census region or metropolitan statistical area. \$ _____</p>													
<p><b>13. Vehicle ownership or lease expense:</b> Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.</p>													
Vehicle 1	Describe Vehicle 1: _____												
<p>13a. Ownership or leasing costs using IRS Local Standard ..... \$ _____</p>													
<p>13b. Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles.</p> <p>To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.</p>													
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Name of each creditor for Vehicle 1	Average monthly payment												
_____	\$ _____												
_____	\$ _____												
+ \$ _____													
Total average monthly payment	\$ _____												
<p>13c. Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. If this number is less than \$0, enter \$0. ..... \$ _____</p>				<p>Copy net Vehicle 1 expense here ➔ \$ _____</p>									
Vehicle 2	Describe Vehicle 2: _____												
<p>13d. Ownership or leasing costs using IRS Local Standard ..... \$ _____</p>													
<p>13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles.</p>													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Name of each creditor for Vehicle 2</td> <td style="width: 50%;">Average monthly payment</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td colspan="2" style="text-align: center;">+ \$ _____</td> </tr> <tr> <td>Total average monthly payment</td> <td>\$ _____</td> </tr> </table>		Name of each creditor for Vehicle 2	Average monthly payment	_____	\$ _____	_____	\$ _____	+ \$ _____		Total average monthly payment	\$ _____	<p>Copy here ➔</p> <p>— \$ _____</p> <p>Repeat this amount on line 33c.</p>	
Name of each creditor for Vehicle 2	Average monthly payment												
_____	\$ _____												
_____	\$ _____												
+ \$ _____													
Total average monthly payment	\$ _____												
<p>13f. Net Vehicle 2 ownership or lease expense Subtract line 13e from 13d. If this number is less than \$0, enter \$0. .... \$ _____</p>				<p>Copy net Vehicle 2 expense here ➔ \$ _____</p>									
<p><b>14. Public transportation expense:</b> If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the <i>Public Transportation</i> expense allowance regardless of whether you use public transportation. \$ _____</p>													
<p><b>15. Additional public transportation expense:</b> If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for <i>Public Transportation</i>. \$ _____</p>													

Debtor 1	FERRIS	CARTER	Case number (if known) <u>23-10612</u>
	First Name	Middle Name	Last Name
<b>Other Necessary Expenses</b>		In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.	
16. <b>Taxes:</b> The total monthly amount that you actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. Do not include real estate, sales, or use taxes. <span style="float: right;">\$ _____</span>			
17. <b>Involuntary deductions:</b> The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. <span style="float: right;">\$ _____</span>			
18. <b>Life insurance:</b> The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. <span style="float: right;">\$ _____</span>			
19. <b>Court-ordered payments:</b> The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. <span style="float: right;">\$ _____</span>			
20. <b>Education:</b> The total monthly amount that you pay for education that is either required: <input checked="" type="checkbox"/> as a condition for your job, or <input checked="" type="checkbox"/> for your physically or mentally challenged dependent child if no public education is available for similar services. <span style="float: right;">\$ _____</span>			
21. <b>Childcare:</b> The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. <span style="float: right;">\$ _____</span>			
22. <b>Additional health care expenses, excluding insurance costs:</b> The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. <span style="float: right;">\$ _____</span>			
23. <b>Optional telephones and telephone services:</b> The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet or cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Form 122C-1, or any amount you previously deducted. <span style="float: right;">+ \$ _____</span>			
24. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. <span style="float: right;">\$ _____</span>			
<b>Additional Expense Deductions</b>		These are additional deductions allowed by the Means Test. <i>Note:</i> Do not include any expense allowances listed in lines 6-24.	
25. <b>Health insurance, disability insurance, and health savings account expenses.</b> The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance <span style="float: right;">\$ _____</span> Disability insurance <span style="float: right;">\$ _____</span> Health savings account <span style="float: right;">+ \$ _____</span> Total <span style="float: right;">\$ _____</span> Copy total here ➔ ..... <span style="float: right;">\$ _____</span>			
Do you actually spend this total amount? <input type="checkbox"/> No. How much do you actually spend? <span style="float: right;">\$ _____</span> <input type="checkbox"/> Yes			
26. <b>Continuing contributions to the care of household or family members.</b> The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b). <span style="float: right;">\$ _____</span>			
27. <b>Protection against family violence.</b> The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. By law, the court must keep the nature of these expenses confidential. <span style="float: right;">\$ _____</span>			

Debtor 1	FERRIS	CARTER	Case number (if known) <u>23-10612</u>																			
	First Name	Middle Name	Last Name																			
<p><b>28. Additional home energy costs.</b> Your home energy costs are included in your insurance and operating expenses on line 8. If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs. You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary. \$ _____</p>																						
<p><b>29. Education expenses for dependent children who are younger than 18.</b> The monthly expenses (not more than \$189.58* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school. You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23. \$ _____</p>																						
<p>* Subject to adjustment on 4/01/25, and every 3 years after that for cases begun on or after the date of adjustment.</p>																						
<p><b>30. Additional food and clothing expense.</b> The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. You must show that the additional amount claimed is reasonable and necessary. \$ _____</p>																						
<p><b>31. Continuing charitable contributions.</b> The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization, 11 U.S.C. § 548(d)(3) and (4). + \$ _____</p>																						
<p>Do not include any amount more than 15% of your gross monthly income.</p>																						
<p><b>32. Add all of the additional expense deductions.</b> Add lines 25 through 31. \$ _____</p>																						
<p><b>Deductions for Debt Payment</b></p>																						
<p><b>33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e.</b></p>																						
<p>To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.</p>																						
<p>Average monthly payment</p>																						
<p><b>Mortgages on your home</b></p>																						
<p>33a. Copy line 9b here ..... → \$ _____</p>																						
<p><b>Loans on your first two vehicles</b></p>																						
<p>33b. Copy line 13b here. ..... → \$ _____</p>																						
<p>33c. Copy line 13e here. ..... → \$ _____</p>																						
<p>33d. List other secured debts:</p>																						
<table border="1"> <tr> <td>Name of each creditor for other secured debt</td> <td>Identify property that secures the debt</td> <td>Does payment include taxes or insurance?</td> </tr> <tr> <td>_____</td> <td>_____</td> <td><input type="checkbox"/> No \$ _____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td><input type="checkbox"/> Yes \$ _____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td><input type="checkbox"/> No \$ _____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td><input type="checkbox"/> Yes \$ _____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td><input type="checkbox"/> No + \$ _____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td><input type="checkbox"/> Yes</td> </tr> </table>		Name of each creditor for other secured debt	Identify property that secures the debt	Does payment include taxes or insurance?	_____	_____	<input type="checkbox"/> No \$ _____	_____	_____	<input type="checkbox"/> Yes \$ _____	_____	_____	<input type="checkbox"/> No \$ _____	_____	_____	<input type="checkbox"/> Yes \$ _____	_____	_____	<input type="checkbox"/> No + \$ _____	_____	_____	<input type="checkbox"/> Yes
Name of each creditor for other secured debt	Identify property that secures the debt	Does payment include taxes or insurance?																				
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_____	_____	<input type="checkbox"/> Yes \$ _____																				
_____	_____	<input type="checkbox"/> No + \$ _____																				
_____	_____	<input type="checkbox"/> Yes																				
<p>33e. Total average monthly payment. Add lines 33a through 33d. ..... → \$ _____</p>		<p>Copy total here → \$ _____</p>																				

Debtor 1	FERRIS		CARTER	Case number (if known) <u>23-10612</u>																								
	First Name	Middle Name	Last Name																									
<p>34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?</p> <p><input type="checkbox"/> No. Go to line 35.</p> <p><input checked="" type="checkbox"/> Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the <i>cure amount</i>). Next, divide by 60 and fill in the information below.</p> <table border="1"> <thead> <tr> <th>Name of the creditor</th> <th>Identify property that secures the debt</th> <th>Total cure amount</th> <th>Monthly cure amount</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td colspan="2"></td> <td>Total</td> <td><input type="text"/> \$ _____</td> </tr> <tr> <td colspan="2"></td> <td></td> <td><b>Copy total here ➔</b> \$ _____</td> </tr> </tbody> </table>					Name of the creditor	Identify property that secures the debt	Total cure amount	Monthly cure amount	_____	_____	\$ _____	\$ _____	_____	_____	\$ _____	\$ _____	_____	_____	\$ _____	\$ _____			Total	<input type="text"/> \$ _____				<b>Copy total here ➔</b> \$ _____
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		Total	<input type="text"/> \$ _____																									
			<b>Copy total here ➔</b> \$ _____																									
<p>35. Do you owe any priority claims—such as a priority tax, child support, or alimony—that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.</p> <p><input type="checkbox"/> No. Go to line 36.</p> <p><input checked="" type="checkbox"/> Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.</p> <p>Total amount of all past-due priority claims. ..... \$ _____ <math>\div 60</math> \$ _____</p>																												
<p>36. Projected monthly Chapter 13 plan payment</p> <p>Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).      To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.</p> <p>Average monthly administrative expense <input type="text"/> \$ _____ <b>Copy total here ➔</b> \$ _____</p>																												
<p>37. Add all of the deductions for debt payment. Add lines 33e through 36.</p> <p><b>Total Deductions from Income</b> <input type="text"/> \$ _____</p> <p>38. Add all of the allowed deductions.</p> <p>Copy line 24, All of the expenses allowed under IRS expense allowances ..... \$ _____</p> <p>Copy line 32, All of the additional expense deductions ..... \$ _____</p> <p>Copy line 37, All of the deductions for debt payment ..... + \$ _____</p> <p>Total deductions ..... <input type="text"/> \$ _____ <b>Copy total here ➔</b> \$ _____</p>																												

Debtor 1 **FERRIS** **CARTER** Case number (if known) 23-10612

First Name Middle Name Last Name

**Part 2:****Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2)**

39. Copy your total current monthly income from line 14 of Form 122C-1, Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period. ....	\$ _____										
40. Fill in any reasonably necessary income you receive for support for dependent children. The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child. ....	\$ _____										
41. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19). ....	\$ _____										
42. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here ..... ➔	\$ _____										
43. Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses.											
<table border="0"> <tr> <td>Describe the special circumstances</td> <td>Amount of expense</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>+ \$ _____</td> </tr> <tr> <td>Total</td> <td>\$ _____ ➔ + \$ _____</td> </tr> </table>		Describe the special circumstances	Amount of expense	_____	\$ _____	_____	\$ _____	_____	+ \$ _____	Total	\$ _____ ➔ + \$ _____
Describe the special circumstances	Amount of expense										
_____	\$ _____										
_____	\$ _____										
_____	+ \$ _____										
Total	\$ _____ ➔ + \$ _____										
44. Total adjustments. Add lines 40 through 43.....	\$ _____ ➔ - \$ _____										
45. Calculate your monthly disposable income under § 1325(b)(2). Subtract line 44 from line 39.	\$ _____										

**Part 3: Change in Income or Expenses**

46. **Change in income or expenses.** If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 122C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase.

Form	Line	Reason for change	Date of change	Increase or decrease?	Amount of change
<input type="checkbox"/> 122C-1	—	_____	_____	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 122C-2	—	_____	_____	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 122C-1	—	_____	_____	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 122C-2	—	_____	_____	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 122C-1	—	_____	_____	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 122C-2	—	_____	_____	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$ _____

Debtor 1	FERRIS	CARTER	Case number ( <i>if known</i> ) <u>23-10612</u>
	First Name <u>FERRIS</u>	Middle Name <u></u>	Last Name <u>CARTER</u>
<b>Part 4: Sign Below</b>			
By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.			
	<input checked="" type="checkbox"/> <u>FERRIS CARTER</u>	<input checked="" type="checkbox"/>	<u></u>
	Signature of Debtor 1 <u></u>		Signature of Debtor 2 <u></u>
	Date <u>06/13/2023</u> MM / DD / YYYY		Date <u></u> MM / DD / YYYY